Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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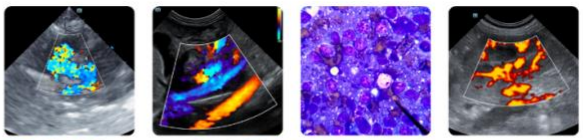

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Pete Mahan

SPECIES

Feline

BREED

DSH Mix

SEX

Male Neutered

AGE

04/15/2013

WEIGHT

23.94 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Central VH Summerville

REFERRING VET

Ashton Ott

INVOICE

22817

DATE

4-4-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: History of diabetes mellitus which went into remission but came out of remission. 4/3/26 eval for lethargy, unable to walk any measurable amount without resting and inappetence for the past 2 days. Gained wt overnight after subcutaneous fluids. Suspicion for free fluid in the abdomen. Abd rads loss of detail, in house ultrasound free fluid noted in abd, concern abnormality in abd. Abnormal lab-work values: 4/3/26 BW Alt 11 (20-100), Glu 345 (70-150), RBC 9.6 (6.6-11.1), WBC 23.3 (4-14.5), Neut 22.4 (1.4-9.7)

Current Medications: Glargine/Lantus 2 units bid
Radiographic Findings: Lateral abd single view

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The lumen is mildly- to moderately-distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.30 cm in length) with a slightly irregular shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.78 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is overall normal-in-size (0.75 cm in width at the level of the hilus) with slightly irregular peripheral contours. The parenchyma is subtly mottled in appearance. A 0.84 cm hypoechoic nodule is observed at the medial aspect. In addition, One- to two, small, hyperechoic nodules are visualized (one measuring 0.38 cm in its longest dimension). Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with relatively smooth peripheral contours. The parenchyma is isoechoic relative to the spleen. A few hyperechoic nodules are seen within the parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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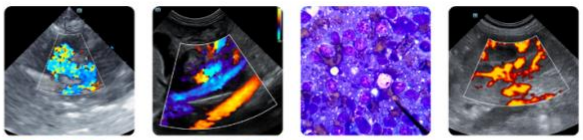

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Gastrointestinal
The gastric lumen is severely fluid-distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is diffusely gas-distended. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas
(See "Other" category).

Lymph Nodes
(See "Other" category).

Free Abdomen
The omentum throughout the abdomen is hyperechoic and nodular in appearance. A 2.6 x 2.1 cm hypoechoic mass is observed in the cranial abdomen, just caudal to the stomach. A large amount of echogenic free fluid is present.

Other
A brief visualization of the heart reveals no obvious evidence of pericardial effusion. A scant amount of pleural effusion is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cranial abdominal mass, the origin of which is unclear. It may be arising from omentum, pancreas, lymph node, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is suspected, with a lower possibility of a focal inflammatory process.
- The diffuse omental changes are concerning for carcinomatosis. Other considerations include feline infectious peritonitis, steril panniculitis, reactive change, other.
- The splenic nodule is concerning for a metastatic lesion, with a lower possibility of a benign focus (i.e., lymphoid hyperplasia or similar).
- Large amount of ascites
- Severe gastric ileus, likely functional, as there is no obvious evidence of a pyloric outflow tract obstruction.
- Scant pleural effusion.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The hyperechoic hepatic lesions likely represent benign myelolipomas or lipogranulomas, with a lower possibility of more insidious pathology.

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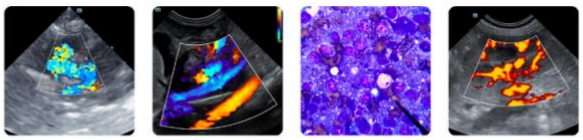

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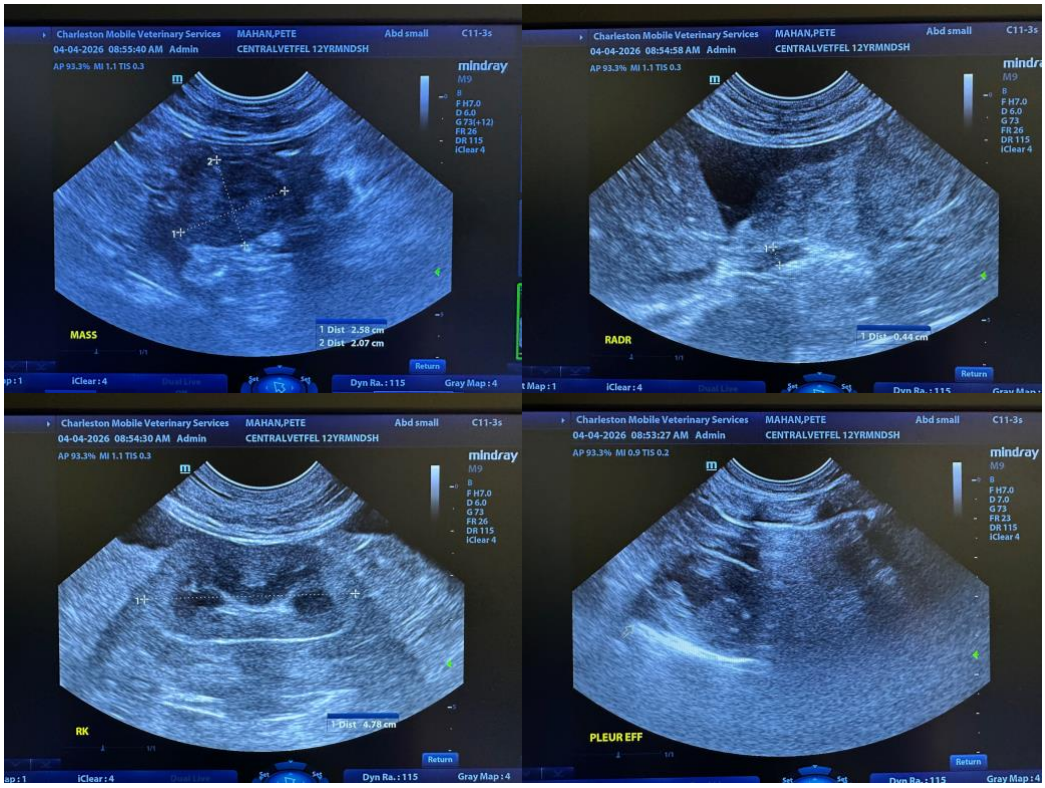
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider submission of the abdominal fluid for cytologic evaluation. Depending on the results, further work-up and/or consultation with a board-certified oncologist may be indicated.
- If further testing is not pursued, palliative care is recommended.



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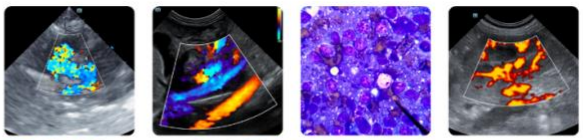

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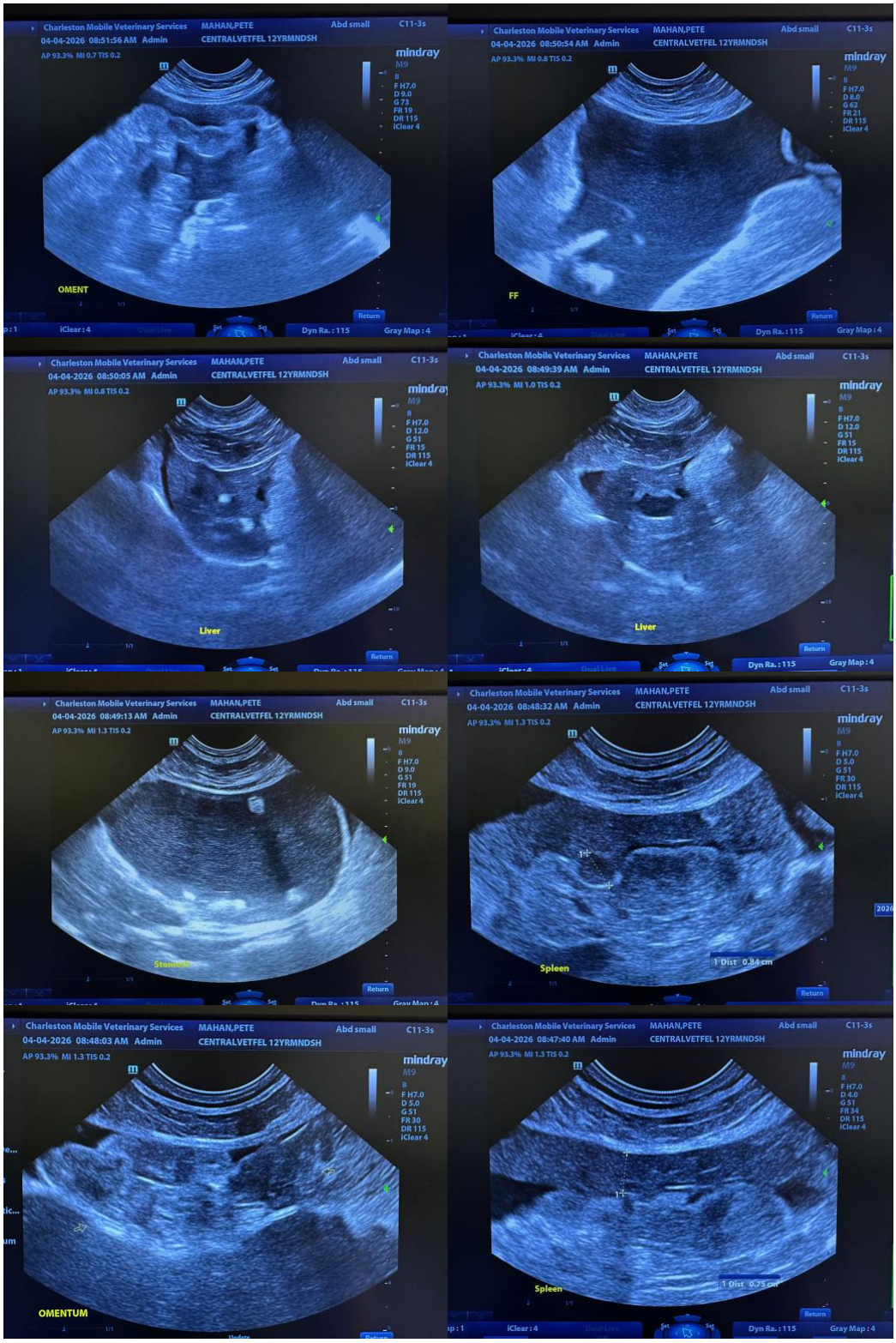

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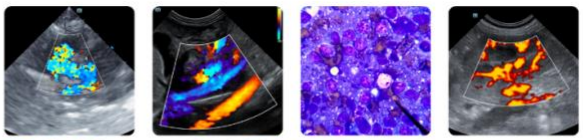

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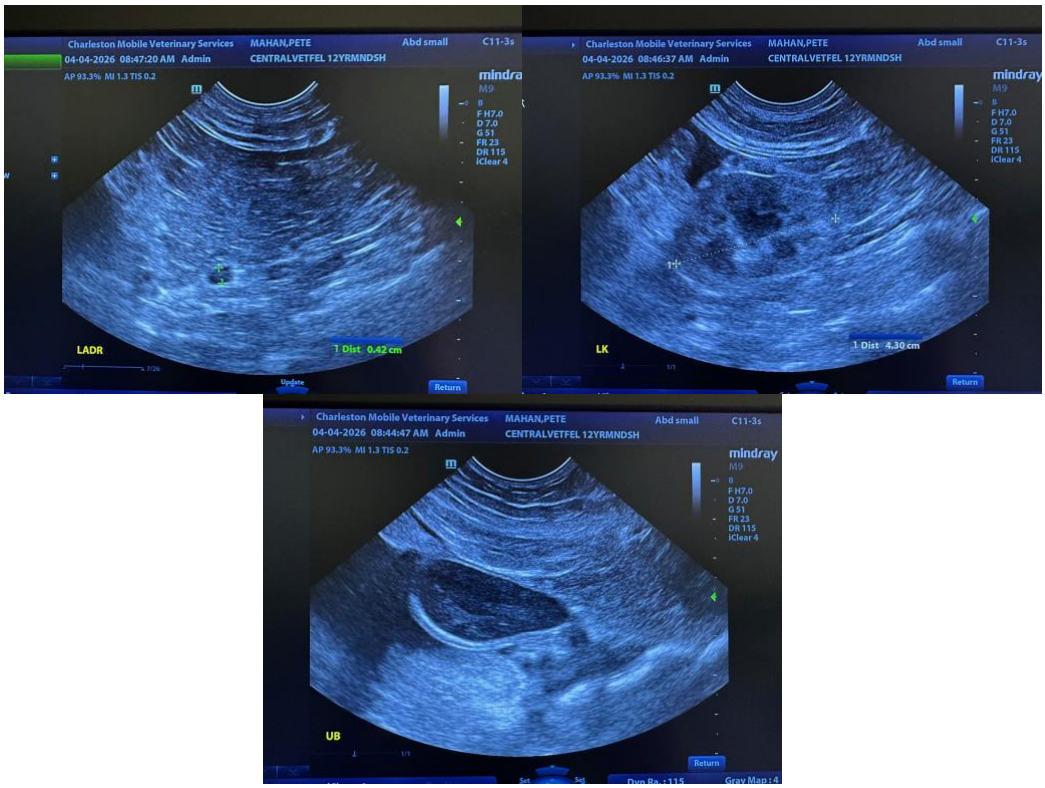

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com